

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

**Instructions**

1. Print in ink or type.  
 2. Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.  
 3. This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

Lobbyist's Registration Number

**FOR OFFICE USE ONLY**Postmark Date: 5-1-08

SUPP-L

ack ✓

**1072303**1. NAME Duhon Alisha M  
Last First MI2. BUSINESS PHONE 225 - 388-95253. BUSINESS ADDRESS 742 N 5th Street Baton Rouge LA 70802  
Street and No. City State ZipMAILING ADDRESS PO Box 4069 Baton Rouge LA 70821  
Street and No. City State Zip4. EMPLOYER Louisiana Oil & Gas Association (LOGA)5. EMPLOYER'S ADDRESS 742 N 5th Street Baton Rouge LA 70802  
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes    No ✓

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Louisiana Oil & Gas Association (LOGA)  
 Address 742 N. 5th Street Baton Rouge LA 70802

Business or purpose   ☐ New RepresentationDoes this person pay you?   If No, who pays you?   ☒ Terminated Representation as of April 24, 2008**HAND DELIVERED**

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2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
☐ New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
☐ New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_

**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Alicia M. Dubon  
Signature of Lobbyist